

# FEE TRANSMITTAL for FY 2004

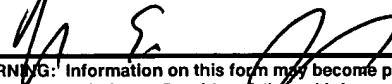
Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 665)

Complete if Known	
Application Number	09/698,357
Filing Date	October 27, 2000
First Named Inventor	PLESS et al.
Examiner Name	Michael F. Peffley
Art Unit	3739
Attorney Docket No.	003-006-C1

METHOD OF PAYMENT (check all that apply)				
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number <span style="border: 1px solid black; padding: 2px;">50-1247</span> Deposit Account Name <span style="border: 1px solid black; padding: 2px;">Jens E. Hoekendijk</span>				
The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				
FEE CALCULATION				
1. BASIC FILING FEE				
Large Entity	Small Entity			
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1001	770	2001	385	Utility filing fee
1002	340	2002	170	Design filing fee
1003	530	2003	265	Plant filing fee
1004	770	2004	385	Reissue filing fee
1005	160	2005	80	Provisional filing fee
SUBTOTAL (1)			(\$ 665)	Fee Paid
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE				
Large Entity	Small Entity	Fee from below	Fee Paid	
Total Claims		Extra Claims		
Independent Claims				
Multiple Dependent				
SUBTOTAL (2)			(\$)	Fee Paid
** or number previously paid, if greater; For Reissues, see above				
*Reduced by Basic Filing Fee Paid <b>SUBTOTAL (3)</b> (\$ 665)				

SUBMITTED BY					
Name (Print/Type)		Registration No. (Attorney/Agent)		Telephone	Complete (if applicable)
Name (Print/Type)		Registration No. (Attorney/Agent)		37,149	415-412-3322
Signature				Date	September 2, 2004

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## PART B - FEE(S) TRANSMITTAL

DRAFT  
Complete and send this form, together with applicable fee(s), to: Mail  
SEP 07 2004

Mail Stop ISSUE FEE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

or Fax (703) 746-4000

**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

32746 7590 06/03/2004

HOEKENDIJK & LYNCH, LLP  
P.O. BOX 4787  
BURLINGAME, CA 94011-4787

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Erica L. Canonizado	(Depositor's name)
<i>Erica L. Canonizado</i>	
(Signature)	
September 2, 2004	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/698,357	10/27/2000	Benjamin Pless	003-006C1	3469

TITLE OF INVENTION: APPARATUS AND METHOD FOR ABLATING TISSUE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	09/03/2004
EXAMINER		ART UNIT	CLASS-SUBCLASS		
PEFFLEY, MICHAEL F		3739	606-041000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. **Use of a Customer Number is required.**

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Jens E. Hoekendijk  
2. \_\_\_\_\_  
3. \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

EPICOR MEDICAL, INC.

Sunnyvale, California

Please check the appropriate assignee category or categories (will not be printed on the patent):  individual  corporation or other private group entity  government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

Issue Fee  
 Publication Fee  
 Advance Order - # of Copies \_\_\_\_\_

A check in the amount of the fee(s) is enclosed.  
 Payment by credit card. Form PTO-2038 is attached.  
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-1247 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) (Date) 09-02-2004

Jens E. Hoekendijk, Reg. No. 37,149

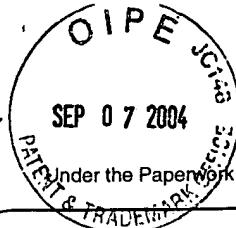
NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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09/08/2004 RHEBRAH1 00000045 501247 09698357
01 FC:2501 665.00 DA

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# TRANSMITTAL FORM

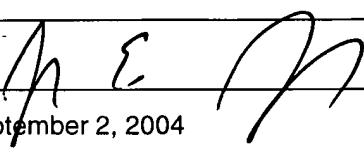
(to be used for all correspondence after initial filing)

Total Number of Pages in this Submission	Application Number	09/698,357
	Filing Date	October 27, 2000
	First Named Inventor	PLESS et al.
	Group Art Unit	3739
	Examiner Name	Michael F. Peffley
4	Attorney Docket Number	003-006-C1

## ENCLOSURES (check all that apply)

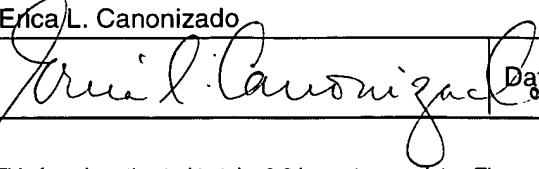
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawings <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):  <div style="border: 1px solid black; padding: 5px;">Issue fee transmittal Confirmation postcard Response to NOA</div>
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm or Individual name	Jens E. Hoekendijk, Reg. No. 37,149	
Signature		
Date	September 2, 2004	

## CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to Mail Stop Issue Fee Commissioner for Patents, Arlington, VA 22313-1450 on this date: September 2, 2004.

Name (Print/Type)	Erica L. Canonizado	
Signature		Date
	September 2, 2004	

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Attorney Docket No.: 003-006-C1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : PLESS et al.  
Serial No. : 09/698,357  
Filed : October 27, 2000

Art Unit : 3739  
Examiner : Michael F. Peffley  
Confirmation No.: 3469  
Notice of Allowance Date: June 3, 2004

Title : APPARATUS AND METHOD FOR ABLATING TISSUE

**MAIL STOP ISSUE FEE**

Commissioner for Patents  
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Alexandria, VA 22313-1450

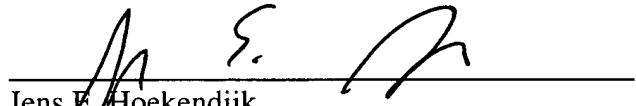
**RESPONSE TO NOTICE OF ALLOWANCE**

In response to the Notice of Allowance mailed **June 3, 2004**, enclosed is a completed issue fee transmittal form PTOL-85b.

Please apply all appropriate charges or credits to our Deposit Account No. 50-1247.

Respectfully submitted,

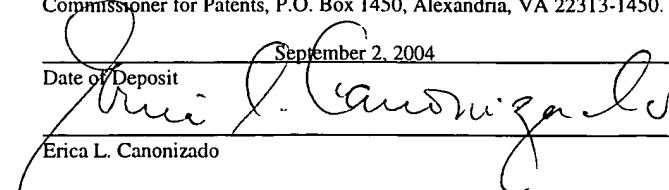
Date: September 2, 2004

  
Jens E. Hoekendijk  
Reg. No. 37,149

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Date of Deposit  
Erica L. Canonizado